VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF PESTICIDE MANAGEMENT

PESTICIDE DISPOSAL PROGRAM SURVEY

LOCALITY		DATE
NAME		
MAILING ADDRESS		
LOCATION ADDRESS		
CONTACT PERSON		
TELEPHONE NUMBER	ADD SHEETS ATTACHED	DITIONAL

LIST ONLY THOSE PESTICIDE(S) WHICH ARE CURRENTLY BEING STORED THAT **REQUIRE DISPOSAL** (PESTICIDES CANCELED OR UNWANTED) IF THE PESTICIDE IS UNKNOWN OR UNLABELLED, LIST IT AS "UI AND COMPLETE THE OTHER COLUMNS. THE SURVEY FORM MUST BE FILLED OUT COMPLETELY AND ACCURATELY. IF PARTIALLY FILLED PACKAGE, ESTIMATE QUANTITY AS CLOSELY AS POSSIBLE. US COMPLETED SURVEY FORMS TO:

D. J. SCHWEITZER VDACS P. O. BOX 1163 RICHMOND, VA 23218

PESTICIDE TRADE NAME	ACTIVE INGREDIENT	QUANTITY (LBS OR GALS)	L (LIQUIDS) S (SOLIDS)	NO. & SIZE OF PACKAGES	STORAGE LOCATION (ROUTE #, STREET NAME, ETC.)
Example: Bicep	Atrazine + Metolachlor	10	L	4 - 2.5	1105 Old Country Road, Anytown, VA

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